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EDITORIAL

POVERTY AND HEALTH — Alms, not arms to the poor

Constitution of the World Health Organization

Preamble: *"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."*

We know that health and wealth of a population are connected. There is a good and growing basis in policy to guide our thinking and our actions.[1,2] Even though there is a parallel in healthcare and public health, they are distinct issues and should not be equated or confused with each other. Measures of the public health are infant mortality, and life expectancy at birth, which are sensitive to nutrition, hygiene and vaccination — while obstetric maternal mortality is a measure more related to adequacy of healthcare. The incidence of tuberculosis may be a good measure of the public health, while the case-fatality rate is also related to healthcare — and both are sensitive to economics, but also to policy, administration and governance.

To understand the connection of poverty and health is not the same as to be able to use wealth to improve the population health.[1—4] Wealth in a population may be distributed well or poorly, regardless of the amount of wealth that may exist in a country. Because of our social and economic nature, distributon of wealth in a population is one of the determinants of the distribution of health. Thus a population within a wealthy country that is marked by the very few very rich and the very many very poor will not enjoy the health benefits of its wealth. There are too many examples of this in the world. A poor country with good public policies, and good administration regardless of governance may paradoxically enjoy disproportionately good public health. These may be counted on the fingers of one hand, but there are outstanding examples of the principle. Costa Rica and Cuba, and few others may be examples.

In principle, the creation and particularly distribution of wealth may lead to the improvement of health.[3] Economic development in the form of micro-banking investment has successes in distribution, as well as creation of wealth. However, the maldistribution of created or extracted wealth is as marked between countries as within countries. Social stressors such as resource competition, economic changes, even climate changes may create social rivalry and conflict. Between countries this means war, as we lack any higher authority than violent force to resolve social or national conflicts. And there is no greater manufacturer of poverty than war. To make war obsolete might do more for the distributive justice of both wealth and heath than all our efforts to ship food from Europe or North America to Africa. The arms industry is massive (4), international, ungovernable, and makes war as fast as money permits. Like for pollution, to address poverty also requires that we recognize what makes it, and stop making it.

Developed countries owe the developing world in healthcare, not just the public health. Offering foreign aid to improve education and governance in poor countries may help to improve the public health and healthcare both, but active recruitment of the educated and professional classes of poor countries to rich ones, to compensate their own failed educational policies, is to aggravate, not address the problem.

The linkage of poverty and health is deep and complex.[3] Simple and well-intentioned reactions may have paradoxical effects. A deeper understanding of wealth creation and distribution, conflict creation and resolution within and between countries is needed. Recognizing that not just militarism and the arms trade, but even well-intentioned foreign aid and development efforts may create poverty or dependency as well as wealth and autonomy might help address the problem of poverty, simply by not increasing it.

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